

DISCLOSURE SUMMARY PAGE

Reset Form

**FORM
DR-2**

(Rev. 12/2005)

**DISCLOSURE
REPORT****COMMITTEE NAME** (Must be same as on Statement of Organization)SEYMOUR for SENATE 1411**IMPORTANT:** Indicate by # type of committee you are reporting for: ☐(1) Statewide/Legislative/Judge Standing for Retention Candidate (2) State PAC (3) State Party
(4) County Central Committee (5) County Candidate (6) City Candidate (7) School Board or Other Political
Subdivision Candidate (8) County PAC (9) City PAC (10) School Board or Other Political Subdivision PAC
(11) Local Ballot Issue**CANDIDATE COMMITTEES ONLY:**Candidate Name JAMES A. SEYMOUR Political Party (if applicable) REPUBLICANOffice Sought SENATE District (if Senate or House) 28**For Office Use Only**Comm. # 1411Logged In 3 ce

Scanned _____

Computer _____

Audited 10 pages

Late reports are subject to possible civil and criminal penalties. Pursuant to Iowa Code section 68B.32A(7) the candidate, for a candidate's committee, and the chairperson, for any other type of committee, is the individual responsible for filing timely and accurate reports.

James A. Seymour
SIGNATURE OF PERSON FILING REPORT(712) 647-2699
TELEPHONEOctober 17, 2008
DATE SIGNEDI AM FILING A October 14, 2008 REPORT FOR (1) ELECTION (2) NON-ELECTION YEAR.
(report date) Indicate by # ☒☐ CHECK IF AMENDMENT TO REPORT DATED _____☐ Check if this is final (termination) report and attach Notice of Dissolution Form DR-3.
(You must continue to file reports until a DR-3 is filed.)

Local Committees, enter Date of Election

County & Local Committees, enter County in
which Election is held**STATEMENT OF CASH ON HAND**

CASH ON HAND at the beginning of the reporting period. (Total of all funds held by the committee. This amount MUST be the same as the cash on hand at the end of the last reporting period or must be zero if this is first report filed.)\$

12,183.68**ADD TOTAL MONEY TAKEN IN THIS PERIOD**

Schedule A: Cash Contributions total (Attach Schedule A) (*also see in-kind below).....

19,286.99

Schedule F: Loans Received total (Attach Schedule F).....

Schedule H: Total Sales of Campaign Property (Attach Schedule H).....

(Schedule H applies to Candidates' Committees Only)

SUB-TOTAL\$

31,470.67**SUBTRACT TOTAL MONEY SPENT THIS PERIOD**

Schedule B: Expenditures total (Attach Schedule B) (**also see debts and loans below).....

16,118.26

Schedule F: Loan Repayments total (Attach Schedule F).....

CASH ON HAND at the end of this reporting period (if final report balance must be zero) (Attach DR-3).....\$

15,352.41

**UNPAID BILLS (From Schedule D - Attach Schedule D).....\$

625.05

**IN KIND CONTRIBUTIONS (From Schedule E - Attach Schedule E).....\$

**OUTSTANDING LOANS (From Schedule F - Attach Schedule F).....\$

CONSULTANT BREAKDOWN (Schedule G Attached?)

YES ☒ NO**CANDIDATE COMMITTEES ONLY:**

VALUE OF CAMPAIGN PROPERTY (From Schedule H - Attach Schedule H)

\$ 846.30**STATE COMMITTEES:** Submit a reconciled campaign account bank statement in January of each year.

For Instructions, See Back of Form

CONTRIBUTIONS -- MONEY TAKEN IN

(Including candidate's personal funds)

SCHEDULE A (Rev. 06/97)	MONETARY RECEIPTS
<input type="checkbox"/> CHECK THIS BOX IF AMENDING FORM	

COMMITTEE NAME (Must be same as on Statement of Organization)

SEYMOUR FOR SENATE

STATE CANDIDATES NOTE: IF A CONTRIBUTION IS RECEIVED FROM A STATE PAC (POLITICAL ACTION COMMITTEE), LIST THE PAC IDENTIFICATION NUMBER AND THE PAC CHECK NUMBER IN THE DESIGNATED COLUMN. A LIST OF ID NUMBERS IS AVAILABLE FROM THE IOWA ETHICS AND CAMPAIGN DISCLOSURE BOARD.

CAUTION: Section 68B.32A(6), Iowa Code, prohibits the use of information copied from reports and statements for soliciting contributions or for any commercial purpose by any person other than statutory political committees.

DATE RECEIVED (MM/DD/YR)	PAC ID NUMBER (if applicable) AND PAC CHECK NUMBER	NAME AND ADDRESS OF CONTRIBUTOR	RELATIONSHIP TO CANDIDATE* (if applicable)	AMOUNT RECEIVED	✓ IF FOR FUND-RAISER INCOME
8-5-08	ID# 6116 CK#	IOWA-NEB EQUIPMENT DEALERS 1311 50TH ST WEST DES MOINES, IA. 50266	—	\$ 100 ⁰⁰	
8-5-08	ID# CK# 14188	GLAXO SMITH KLINE PAC 5567 BRISTOL LANE MINNETONKA, MINNESOTA 55343	—	400 ⁰⁰	
8-8-08	ID# 6073 CK#	IOWA MEDICAL PAC 1001 GRAND AVE. WEST DES MOINES, IA. 50265	—	1,500	
8-11-08	ID# 6059 CK#	IOWA AUTO RETAILERS (ICAR) 1111 OFFICE PARK RD WEST DES MOINES, IOWA 50265	—	250	
8-15-08	ID# 6004 CK#	ASSOC. GENERAL CONTRACTORS OF IOWA PAC 701 E. COURT DES MOINES, IOWA 50309	—	1,500	
8-19-08	ID# CK# CASH	STEVE FITZGERALD 1202 RIDGE ROAD DENISON, IOWA	—	30 ⁰⁰	✓
8-19-08	ID# CK# 3531	SONDRA DICKINSON 910 WHITE ST. WOODBINE, IOWA 51574	—	25 ⁰⁰	✓
8-19-08	ID# CK# 8101	JOLENE FAVIEX 119 DAUENPALT ST. HOLSTEIN, IOWA 51025	—	25 ⁰⁰	✓
8-19-08	ID# CK# 3195	THOMAS SWANSON 819 COURT RIGHT MAPLETON, IA 51034	—	50 ⁰⁰	✓
8-19-08	ID# CK# 5083	JASON SHERER P2202 147TH ST. PISGAH, IOWA 51564	—	100 ⁰⁰	✓

SUB-TOTAL

\$ 3980

TOTAL (if last page of this schedule)

\$

* Disclosure law requires candidate committees to disclose the relationship of any relative making a contribution to the committee. Relationship must be shown to the third degree of consanguinity (blood relatives) and affinity (relatives by marriage) (See Page 2 of forms packet.). If surname of contributor is the same as candidate, but there is no familial relationship, enter "not applicable" in the relationship column.

Page 1 of 5
(for Schedule A)

For Instructions, See Back of Form

CONTRIBUTIONS -- MONEY TAKEN IN

(Including candidate's personal funds)

SCHEDULE A (Rev. 06/97)	MONETARY RECEIPTS
<input type="checkbox"/> CHECK THIS BOX IF AMENDING FORM	

COMMITTEE NAME (Must be same as on Statement of Organization)

DEYMOUR for SENATE

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8-19-08	ID# CK# 1559	John & Evonne Shever 2967 Eagle Ridge Dr Missouri Valley IA 51555	-	\$ 100 ⁰⁰	✓
8-19-08	ID# CK# 3149	David & Amy Shever 309 Normal St Woodbine IA 51579	-	100 ⁰⁰	✓
8-19-08	ID# CK# 8101	George & Julie Newton 305 Normal St Woodbine, Iowa 51579	-	100 ⁰⁰	✓
8-19-08	ID# CK# 6526	Jacob Hedger 2330 Norton Ave Logan Iowa 51546	-	100 ⁰⁰	✓
8-19-08	ID# 6067 CK# 3800	Iowa Health PAC 6750 Westown Parkway West Des Moines, IA 50266	-	250 ⁰⁰	✓
8-19-08	ID# CK# 4084	Steve Ackerson 1634 NW 131 St Clive, IA 50321	-	100 ⁰⁰	✓
8-21-08	ID# 6056 CK# 3764	Iowa Bankers Assoc. 8800 NW 62nd Ave Johnston, IA 50131	-	500 ⁰⁰	
8-21-08	ID# CK# 1040	Iowa Society of Anesthesiologists 525 SW St. Des Moines, Iowa 50309	-	1000 ⁰⁰	
8-16-08	ID# CK# 2382	Ed Friedmann 1013 First St. Bx C Redfield, Iowa 50233	-	250 ⁰⁰	
8-16-08	ID# CK#	Iowa PA - PAC Libby Coyle, PA 1013 First St. Box C Redfield, IA 50233	-	100 ⁰⁰	
SUB-TOTAL				\$ 2600	
TOTAL (if last page of this schedule)				\$	

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Page 2 of 5
(for Schedule A)

For Instructions, See Back of Form

CONTRIBUTIONS -- MONEY TAKEN IN

(Including candidate's personal funds)

SCHEDULE A (Rev. 06/97)	MONETARY RECEIPTS
<input type="checkbox"/> CHECK THIS BOX IF AMENDING FORM	

COMMITTEE NAME (Must be same as on Statement of Organization)

SEYMOUR for SENATE

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8-22-08	ID# 6021 CK# 2241	CREDIT UNION PAC PO BOX 10409 DES MOINES Iowa 50304	-	\$2,500 ⁰⁰	
8-28-08	ID# CK#	HAWKESWORTH County Republicans WOMEN 90 ROZANNE KING 1568 170 1st. MONMOUTH Iowa		750 ⁰⁰	
8-28-08	ID# CK# 1014	MAGELLAN HEALTH SERVICES 55 NOD Road AVON, CT 06001	-	200 ⁰⁰	
8-18-08	ID# CK#	BANK STATEMENT, BOW INTEREST INCOME (3 mos)	-	5.18	
8-28-08	ID# CK#	DONNA BARRY 211 N. 1st LOANOW Iowa 51546	-	50 ⁰⁰	
9-2-08	ID# CK#	IOWA HOSPITAL ASSN. PAC 100 E. GRAND ST 100 DES MOINES, Iowa 50319	-	2,500 ⁰⁰	
9-12-08	ID# CK# 2140	IOWA PODIATRIC SOCIETY 525 S.W. 5th ST DES MOINES, Iowa 50309	-	150 ⁰⁰	
9-15-08	ID# CK# 4446	UNION PACIFIC FUND 600 13th ST. NW SE 340 WASHINGTON D.C. 20005	-	500 ⁰⁰	
9-20-08	ID# CK#	Doug & Judy GRONAU 3245 K-AVE VALE, Iowa 51465	-	50 ⁰⁰	
9-20-08	ID# 6237 CK# 2051	A BATE PAC BOYD BUCK 3118 EASTERN AVE CEDAR RAPIDS, Iowa 52402		300 ⁰⁰	

SUB-TOTAL

\$7005.18

TOTAL (if last page of this schedule)

\$

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Page 3 of 5
(for Schedule A)

For Instructions, See Back of Form

CONTRIBUTIONS -- MONEY TAKEN IN

(Including candidate's personal funds)

SCHEDULE A (Rev. 06/97)	MONETARY RECEIPTS
<input type="checkbox"/> CHECK THIS BOX IF AMENDING FORM	

COMMITTEE NAME (Must be same as on Statement of Organization)

SEYMOUR for SENATE

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9-22-08	ID# 6058 CK# 4390	IOWA CHIROPRACTIC SOCIETY PAC 1605 N. ANKENY BLVD. ANKENY IA 50023	—	\$ 500 ⁰⁰	
9-26-08	ID# CK# 1382	BLACK HILLS CORP. PAC 1701 48TH ST. STE 200 WEST DES MOINES, IOWA 50266	—	\$ 300 ⁰⁰	
10-1-08	ID# CK#	JAY OR LAURA DOLL 1738 PLUM THICKET LA WEST DES MOINES, IA 50266	—	\$ 500 ⁰⁰	
10-1-08	ID# CK# 3542	IOWA MOTOR TRUCK ASSOC. 717 E. COURT AVE DES MOINES IOWA 50309	—	\$ 500 ⁰⁰	
10-3-08	ID# 6323 CK# 3152	MASTER BUILDERS OF IOWA PAC 221 PARK ST. PO BOX 695 DES MOINES, IA 50306	—	1,500 ⁰⁰	
10-3-08	ID# 6282 CK# 1726	HYVEE, INC 5820 WESTOWN PARKWAY W. DES MOINES 50266	—	250 ⁰⁰	
10-3-08	ID# 6234 CK# 1079	IOWA FARM BUREAU 5400 UNIVERSITY AVE WEST DES MOINES IA 50266	—	100 ⁰⁰	
10-14-08	ID# 1622 CK# 11622	CVS CHEM MARK PAC ONE CVS DRIVE WOUNSOCKET, RI, 02895	—	250 ⁰⁰	
10-14-08	ID# 6082 CK# 1409	MID AMERICAN ENERGY PO BOX 657 DES MOINES IA 50306	—	200 ⁰⁰	
10-14-08	ID# 6447 CK# 1016	IOWA DENTAL HYGIENISTS ASSOC. C/O S. TEMPLE 2565 KESTA, IOWA 52248	—	400 ⁰⁰	

SUB-TOTAL

\$ 4500

TOTAL (if last page of this schedule)

\$

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Page 4 of 5
(for Schedule A)

For Instructions, See Back of Form

CONTRIBUTIONS -- MONEY TAKEN IN

(Including candidate's personal funds)

SCHEDULE A (Rev. 06/97)	MONETARY RECEIPTS
<input type="checkbox"/> CHECK THIS BOX IF AMENDING FORM	

COMMITTEE NAME (Must be same as on Statement of Organization)

ZEYMOUR for SENATE

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DATE RECEIVED (MM/DD/YR)	PAC ID NUMBER (if applicable) AND PAC CHECK NUMBER	NAME AND ADDRESS OF CONTRIBUTOR	RELATIONSHIP TO CANDIDATE* (if applicable)	AMOUNT RECEIVED	✓ IF FOR FUND- RAISER INCOME
10-9-08	ID# CK# 2267	IOWA FORE (REC) 8525 Douglas Ave. Ste 48 DES MOINES, IA 50322		\$500	
10-9-08	ID# CK# 10616	BNSF Rail Road Company 547 W. Jackson Blvd CHICAGO, IL 60661		500	
10-14	ID# 6077 CK# 2013	IOWA PHARMACY PAC 8515 Douglas STE 16 DES MOINES, IA 50322		200	
9-17-08	ID# CK#	BANK STATEMENT (BOW) INTEREST INCOME		1.81	
	ID# CK#				
	ID# CK#				
	ID# CK#				
	ID# CK#				
	ID# CK#				
	ID# CK#				

SUB-TOTAL

\$1201.81

TOTAL (if last page of this schedule)

\$19286.99

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Page 5 of 5
(for Schedule A)

FOR INSTRUCTIONS, SEE BACK OF FORM

Reset Form

EXPENDITURES – MONEY SPENT FROM COMMITTEE ACCOUNT

STATE PAC COMMITTEES: NOTE: FOR CONTRIBUTIONS MADE TO STATEWIDE OR LEGISLATIVE CANDIDATES, LIST THE CANDIDATE IDENTIFICATION NUMBER IN THE DESIGNATED COLUMN AND THE PAC CHECK NUMBER FOR EACH EXPENDITURE. A LIST OF ID NUMBERS IS AVAILABLE FROM THE IOWA ETHICS & CAMPAIGN DISCLOSURE BOARD.

SCHEDULE B (Rev. 07/03)	MONETARY EXPENDITURES
<input type="checkbox"/> CHECK THIS BOX IF AMENDING FORM	

COMMITTEE NAME (Must be same as on Statement of Organization)

SEYMOUR for SENATE

DATE EXPENDED (MM/DD/YR)	CANDIDATE ID NUMBER (if applicable) AND PAC CHECK NUMBER	NAME AND ADDRESS TO WHOM EXPENDITURE (Disbursement) WAS MADE	PURPOSE (DESCRIBE TRANSACTION)	AMOUNT EXPENDED
7-16-08	ID# CK# 1203	Legislative Info Office TREASURER OF STATE of IOWA	3-IOWA Flags for Schools, Boy Scouts	\$ 72.00
7-27	ID# CK# 1204	Verizon Wireless	Cellular Phone	44.95
8-8-08	ID# CK# 1205	FSC Computer Division 2308 PINE ST. HARLAN IOWA	Home Office Software PKG. AND INSTALLATION	128.40
9-2-08	ID# CK# 1206	Verizon Wireless	Cellular Phone	39.95
9-20-08	ID# CK# 1207	Verizon Wireless	Cell Phone Charge POA - Blackberry	188.64
9-22-08	ID# CK# 1208	Republican Party of IOWA 521 6th St DES MOINES, IOWA 50319	Political Contribution	10,000.00
9-30-08	ID# CK# 1209	Pottawattomie County Republican Central Comm.	Political Contribution	100.00
10-14-08	ID# CK# 1210	Republican Party of IOWA 521- 6th St DES MOINES, IOWA 50319	Political Contribution	5,000.00

SUB-TOTAL \$ 15,573.94

TOTAL (if last page of this schedule) \$

THIS BOX APPLIES TO CANDIDATES' COMMITTEES ONLY:

Purchases of certain campaign property costing \$500 or more must also be inventoried on Schedule H. (Refer to Schedule H instructions.)

Expenditures to persons/entities providing consulting, advertising, fund-raising, polling, managing, organizing services must also be detail itemized on Schedule G by the amount, purpose, and date of each type of expenditure made by the person/entity on behalf of the candidate's committee. (Refer to Schedule G instructions and Iowa Code 68A.402(3)(i).)

Page 1 of 2

(for Schedule B)

FOR INSTRUCTIONS, SEE BACK OF FORM

Reset Form

EXPENDITURES -- MONEY SPENT FROM COMMITTEE ACCOUNT

STATE PAC COMMITTEES: NOTE: FOR CONTRIBUTIONS MADE TO STATEWIDE OR LEGISLATIVE CANDIDATES, LIST THE CANDIDATE IDENTIFICATION NUMBER IN THE DESIGNATED COLUMN AND THE PAC CHECK NUMBER FOR EACH EXPENDITURE. A LIST OF ID NUMBERS IS AVAILABLE FROM THE IOWA ETHICS & CAMPAIGN DISCLOSURE BOARD.

SCHEDULE B (Rev. 07/03)	MONETARY EXPENDITURES
<input type="checkbox"/> CHECK THIS BOX IF AMENDING FORM	

COMMITTEE NAME (Must be same as on Statement of Organization)

SEYMOUR for SENATE

DATE EXPENDED (MM/DD/YR)	CANDIDATE ID NUMBER (if applicable) AND PAC CHECK NUMBER	NAME AND ADDRESS TO WHOM EXPENDITURE (Disbursement) WAS MADE	PURPOSE (DESCRIBE TRANSACTION)	AMOUNT EXPENDED
10/14/08	ID# CK# 1211	JAMES SEYMOUR 901 WHITE ST WORKING, IA 51579	CONSTITUENCY AND CAMPAIGN MILEAGE 1296 MILES @ .42¢/mi	* \$ 544.32
	ID# CK#			
	ID# CK#			
	ID# CK#			
	ID# CK#			
	ID# CK#			
	ID# CK#			
	ID# CK#			

SUB-TOTAL \$ 544.32

* From Schedule D - 7-15-08

TOTAL (If last page of this schedule) \$ 16,118.26

THIS BOX APPLIES TO CANDIDATES' COMMITTEES ONLY:

Purchases of certain campaign property costing \$500 or more must also be inventoried on Schedule H. (Refer to Schedule H instructions.)

Expenditures to persons/entities providing consulting, advertising, fund-raising, polling, managing, organizing services must also be detail itemized on Schedule G by the amount, purpose, and date of each type of expenditure made by the person/entity on behalf of the candidate's committee. (Refer to Schedule G instructions and Iowa Code 68A.402(3)(i).)

Page 2 of 2

(for Schedule B)

COMMITTEE NAME (Must be same as on Statement of Organization)

SEYMOUR FOR SENATE

1411

NOTE: Debts previously reported that remain unpaid must be included on this Schedule, as well as any new obligations incurred in this period.

Reset Form

SCHEDULE

D

(Rev. 08/98)

INCURRED
INDEBTEDNESS

☐ CHECK THIS BOX
IF AMENDING
FORM

**DEBTS/OBLIGATIONS REMAINING THIS REPORTING PERIOD
(DO NOT INCLUDE LOANS -- SHOW LOANS ON SCHEDULE F)**

An "incurred debt" is a debt for goods or services ordered or received, but not paid for by the end of the reporting period, regardless of whether an invoice has been received.

DATE INCURRED (MM/DD/YR)	NAME AND ADDRESS OF PERSON TO WHOM DEBT OR OBLIGATION IS OWED	DESCRIPTION OF GOODS OR SERVICES PROVIDED OR PURCHASED	BALANCE OWED AT CLOSE OF REPORTING PERIOD*
10-1408	JAMES SEYMOUR 901 WHITE ST. WOODSINE, IOWA 51579	CONSTITUENCY & CAMPAIGN MILES 1389 @ .45¢/mi	\$ 625.05
SUB-TOTAL			\$
TOTAL DEBTS OWED BY COMMITTEE AT THE END OF THIS REPORTING PERIOD			\$ 625.05

*If actual figure is unknown, show "estimated" beside the figure.

Page 1 of 1
(for Schedule D)

CANDIDATE COMMITTEES NOTE:

*Incurred indebtedness also includes each person/entity with whom the candidate's committee has entered into a contract during the reporting period for future or continuing performance. Enter the name of the consultant who provides or procures services for items such as advertising, fund-raising, polling, managing, or organizing services. Report on Schedule G the nature of performance and the estimated performance reasonably expected of the consultant.

THIS FORM IS USED BY CANDIDATES' COMMITTEES ONLY

COMMITTEE NAME (Must be same as on Statement of Organization)
SEYMOUR for SENATE

SCHEDULE
H
(Rev. 02/96)

CAMPAIGN
PROPERTY

ATTACH SCHEDULE H TO
EACH REPORT, MAKING
CHANGES AS REQUIRED.

☐ CHECK THIS BOX IF
AMENDING FORM

PART I - ONGOING INVENTORY OF CAMPAIGN PROPERTY

Date Purchased (Schedule B) or Date Received (Schedule E) (MM/DD/YR)	Description of Property	Purchase Price or Est. Value When Acquired*	Current Value at Fair Market This Report
MAY 5 2008	DESK TOP PC and PRINTER	\$ 1,128.40	\$ 846.30

PART II - SALES OR TRANSFERS OF CAMPAIGN PROPERTY **

Date (MM/DD/YR)	Name and Address of Purchaser/Donee	Description of Property	Sold? Y/N	Sale Price	Value of Donation

TOTAL VALUE CAMPAIGN PROPERTY THIS REPORT
(TRANSFER TO SUMMARY PAGE) \$ 846.30

* If estimated, show est. beside figure.

** PROPERTY SALES & TRANSFERS TOTAL
(TRANSFER TO SUMMARY PAGE) \$

(Attach Additional Schedules if Needed)

TOTALS \$ \$

Page 1 of 1 Pages
(For Schedule H)